MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12900

CERTIFICATE OF DEATH

Reg. Dist. No. 2-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bushwood
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bush Wood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Eliza (Middle) (Last) Baines

4. DATE OF DEATH: (Month) Nov (Day) 25 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: July 19 1865 | 9. AGE last birthday: 87 yrs. | IF UNDER 1 YEAR: Months 4 Days 6 | IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Home wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Daniel Thomas Woodland
14. MOTHER'S MAIDEN NAME: Lucinda Riley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Clem Dyson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

500X
Immediate cause (a) acute senility
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) acute bronchitis
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. senility gen debility

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11-52, to 11-25-52, that I last saw the deceased alive on 11-25-52, and that death occurred at 1130 P. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robt V. Palmer MD Avenue MD 11-26-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov 28 1952 | NAME OF CEMETERY OR CREMATORY Sacred Heart | LOCATION (City, town, or county) (State) Bushwood St Marys Md

DATE REC'D BY LOCAL REGISTRAR 11-26-52 | REGISTRAR'S SIGNATURE Robt V. Palmer | 24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

RECEIVED
DEC 1 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12901

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-53A

1. PLACE OF DEATH: COUNTY St. Mary's; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Great Mills; MARYLAND; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY St. Mary's; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Great Mills; STREET ADDRESS (If rural, give location) R.F.D 2

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Alphonsus (Last) Beam

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 10, 1880

9. AGE last birthday: 72 yrs. If under 1 year: Months 1; Days 23. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): Md. St. Marys Co.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Beam

14. MOTHER'S MAIDEN NAME: Henrietta Combs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Joseph Beam

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	3 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	10 yrs.
	(c)	

450.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH none; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none; (CITY OR TOWN); (COUNTY); (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY none m.; INJURY OCCURRED While at work ☐ Not while at work ☐; HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John L. Law (Degree or title) MD ADDRESS Leonardtown, Md DATE SIGNED 11/2/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF Nov. 4 1952; NAME OF CEMETERY OR CREMATORY Holy Face; LOCATION (City, town, or county) Great Mills; (State) Md

DATE REC'D BY LOCAL REG. 11/3/52; REGISTRAR'S SIGNATURE [illegible]; 24. FUNERAL DIRECTOR Jos. C. Mattingly; ADDRESS Leonardtown - Md

RECEIVED
NOV 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12902

Reg. Dist. No. 282

1. PLACE OF DEATH COUNTY: St Marys — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Loveville — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Loveville
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Thomas	(Middle) Hayden	(Last) Bowles	4. DATE OF DEATH (Month) Nov	(Day) 2	(Year) 1952
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Oct 26-1866	9. AGE last birthday: 86 yrs.	If under 1 year Months: 7 Days; If under 24 hrs. Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming - Farm Owner	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: John Bowles		14. MOTHER'S MAIDEN NAME: Mary Graves			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: No	17. INFORMANT: Charles Bowles			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fibrillation of H. Chronic

591X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis

(c) Nephritis Tubular

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949 to 11-2, 1952, that I last saw the deceased alive on 10-27, 1952, and that death occurred at 5.00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F. F. Greenwell Jr. — ADDRESS Leonardtown — DATE SIGNED Nov 11-2-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Nov 5-1952	NAME OF CEMETERY OR CREMATORY: St Joseph	LOCATION (City, town, or county) (State): Morganza St Marys Md
DATE REC'D BY LOCAL REG.: 11/3/52	REGISTRAR'S SIGNATURE: Carmalia	24. FUNERAL DIRECTOR: Joe C. Mattingley	ADDRESS: Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1290382

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) E. (Last) Caster

4. DATE OF DEATH: (Month) Nov (Day) 6 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 26-1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 4 Days 12 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Morgan
14. MOTHER'S MAIDEN NAME: Patsey Seldon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Daniel Morgan Piney Point

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Uremia — Interval Between Onset And Death: 21 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chronic Interstitial Nephritis — 6 years

DUE TO (c) Arteriosclerosis — ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1952, to ....., 1952, that I last saw the deceased alive on 11/5, 1952, and that death occurred at 7.00 a.m. from the causes and on the date stated above.

SIGNATURE E. X. Thompson (Degree or title) ADDRESS Lexington Park DATE SIGNED 11/7/52

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF Nov 10-1952
NAME OF CEMETERY OR CREMATORY St Marks
LOCATION (City, town, or county) Valley Lee St Marys (State) Md
DATE REC'D BY LOCAL REGISTRAR 11/8/52
REGISTRAR'S SIGNATURE Carnalus
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115

RECEIVED
NOV 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12904

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St. Marys | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermanville | LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carver Heights
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Sophie (Last) Clayton

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: Oct. 15 1887 | 9. AGE last birthday: 65 yrs. | IF UNDER 1 YEAR Months 1 Days 1 | IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): mid wife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Lawrence | 14. MOTHER'S MAIDEN NAME: Mary Jane Sewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: John H. Clayton, Hermanville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary rupture — Interval Between Onset And Death: ½ hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension — 2 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Nov, 1952 that I last saw the deceased alive on 11-12, 1952 and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE p.g. Bean (Degree or title) M.D. ADDRESS Great Mills Md DATE SIGNED 11-17-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov. 19-52 | NAME OF CEMETERY OR CREMATORY St. Peters | LOCATION (City, town, or county) Ridge (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11-17-52 | REGISTRAR'S SIGNATURE p.g. Bean, M.D. Local Registrar | 24. FUNERAL DIRECTOR Jos. E. Mattingley | ADDRESS Leonardtown Md.

RECEIVED
NOV 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 6

PLEASE WRITE PLAINLY—WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River, Md. — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Colorado — COUNTY: Pueblo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pueblo
STREET ADDRESS (If rural, give location): 324 Mc Clelland

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) Helen (Last) Dickman
4. DATE OF DEATH: (Month) 11 (Day) 7 (Year) 52
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Apr. 22, 1913
9. AGE last birthday: 39 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Colorado
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Kyffin
14. MOTHER'S MAIDEN NAME: Daisy Puritan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: -----
17. INFORMANT AND ADDRESS: Martin V. Dickman - California, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Penetrating bullet wound of head — 10 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Suicidal melancholia.

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN) California (COUNTY) St. Marys (STATE) Md.

TIME OF INJURY (Month) 11 (Day) 6 (Year) 52 (Hour) 10 P.M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Self inflicted with rifle.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE: John L. Rue Sr. — (Degree or title): — ADDRESS: Leigh Rd, Md. — DATE SIGNED: 11/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE THEREOF: 11/8/52 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Pueblo; Colorado.

DATE REC'D BY LOCAL REG. 11/8/52 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR — ADDRESS: P.B. Robinson - Leonardtown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, USNAS, Patuxent River, Maryland.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY Chenango
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RD#2 Bainbridge,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Eldridge

4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 10 November, 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 15 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Anthony Eldridge

14. MOTHER'S MAIDEN NAME: Jean Vivian Gifford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: RD#2 Bainbridge, New York.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

776X

Immediate cause (a) Prematurity
DUE TO

Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) USNAS, Patuxent River, Maryland.

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended the deceased from ..... to ..... that I last saw the deceased ..... and that~~ death occurred at 8:35 P m., from the causes and on the date stated above.

SIGNATURE /S/ R. R. Hansen (DEGREE OR TITLE) INFIRMARY ADDRESS USNAS, PATUXENT RIVER, MD. DATE SIGNED 11-10-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 11/13/52 NAME OF CEMETERY OR CREMATORY EBENEZER Cemetery LOCATION (City, town, or county) Horsehead Rd. (State) St Marys Md.

DATE REC'D BY LOCAL REG. 11/13/52 REGISTRAR'S SIGNATURE P.P. Brown MD Local Registrar

24. FUNERAL DIRECTOR Father: Robert A. Eldridge ADDRESS Patuxent River Md.

20X2211271

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
NOV 18 1952
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: St Mary's | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Holly Wood | MARYLAND | LENGTH OF STAY (In this place): Life | HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland | COUNTY: St Mary's | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Holly Wood | STREET ADDRESS (If rural, give location): R.F.D. # 1

3. NAME OF DECEASED (Type or Print): (First) Ann (Middle) Elizabeth (Last) Garner

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov 20-1880

9. AGE last birthday: 71 yrs. | If under 1 year: Months 11, Days 26 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert E. Hayden

14. MOTHER'S MAIDEN NAME: Emma E. Heard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Louise Garner Holly Wood Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825.4

Immediate cause (a) Multiple Cranio injuries — Interval Between Onset and Death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: None | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway | (CITY OR TOWN) Hollywood | (COUNTY) St Mary's | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 14 1952 2.06 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] (Degree or title) M.D. | ADDRESS: Leonardtown Md | DATE SIGNED: 11/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov 18 1952 | NAME OF CEMETERY OR CREMATORY: St John's | LOCATION (City, town, or county) (State): Holly Wood St Mary's Md

DATE REC'D BY LOCAL REG. 11-17-52 | REGISTRAR'S SIGNATURE: [illegible] Registrar

24. FUNERAL DIRECTOR: [illegible] | ADDRESS: Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2 4 6

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakley (Rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakley (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Kate (Middle) Jones (Last) Jameson

4. DATE OF DEATH: (Month) 11 (Day) 6 (Year) 1952

5. SEX: F

6. COLOR OR RACE: Cd

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 3-11-1875

9. AGE last birthday: (77) 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Jones

14. MOTHER'S MAIDEN NAME: Lamadrum Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Thelma M Jameson Oakley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 260X

Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-31 1950, to 11-6-, 1952, that I last saw the deceased alive on 11-5-, 1952 and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE Robert V. Palmer (DEGREE OR TITLE) ADDRESS Avenue Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 11-8-52 NAME OF CEMETERY OR CREMATORY All Saints LOCATION (City, town, or county) Oakley (State) Md

DATE REC'D BY LOCAL REG. 11-9-52 REGISTRAR'S SIGNATURE R V Palmer

24. FUNERAL DIRECTOR Joseph C. Mattingly ADDRESS Lexington Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOV 12 1952
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 241

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown; MARYLAND; LENGTH OF STAY (In this place): Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS: St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]; STREET ADDRESS (If rural, give location): [illegible]

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Garner (Last) Russell

4. DATE OF DEATH: (Month) Nov (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 21 1920

9. AGE last birthday: 32 yrs. If under 1 year: Months 3 Days 26 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Garner

14. MOTHER'S MAIDEN NAME: Minnie Elizabeth Hayden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-12-4173

17. INFORMANT AND ADDRESS: Husband [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825.4

Immediate cause (a) Multiple & Crush injuries

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Traumatic Shock.

19a. DATE OF OPERATION: 11/15/52

19b. MAJOR FINDINGS OF OPERATION: Fracture Left Femur, Pelvis & Chest

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway (CITY OR TOWN): Hollywood (COUNTY): St Mary's (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 11- 15- 1952 [illegible] a.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] (Degree or title): MD ADDRESS: Leighton Rd, Hollywood, Md DATE SIGNED: 11/15/52

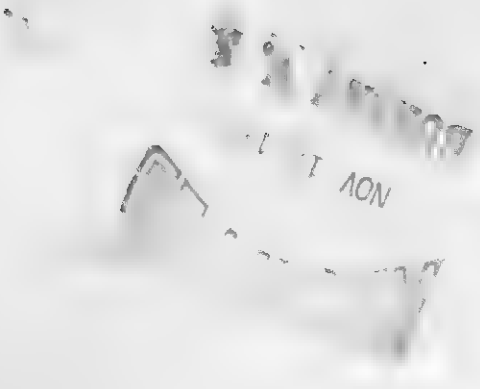
23. BURIAL, CREMATION OR REMOVAL (Specify): Burial DATE THEREOF: 11-18-1952 NAME OF CEMETERY OR CREMATORY: St Johns LOCATION (City, town, or county) (State): Hollywood, St Mary's, Md

DATE REC'D BY LOCAL REG.: 11-17-52 REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Joe Cuthbert ADDRESS: Leonardtown, Md

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown — LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Great Mills
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital	STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print)	(First) Thomas	(Middle) Gibbons	(Last) Saxon	4. DATE OF DEATH:	(Month) 11 - (Day) 7 - (Year) 1952
5. SEX: male	6. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: June 27,1900	9. AGE last birthday: 52 yrs.	IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Joseph Saxon	14. MOTHER'S MAIDEN NAME: Phillis Shorter				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---	16. SOCIAL SECURITY NO.: ------	17. INFORMANT & ADDRESS: Jerome Saxon - Valley Lee, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — 48 hours

DUE TO

Antecedent cause(s) (b) General arteriosclerosis — 5 years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Nov 5, 1952, to Nov 7, 1952 that I last saw the deceased alive on Nov 6, 1952, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE P J Bean MD (DEGREE OR TITLE) ADDRESS Great Mills Md DATE SIGNED 11/8/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF 11-10-52	NAME OF CEMETERY OR CREMATORY Holy Face Cemetery	LOCATION (City, town, or county) (State) Great Mills, Md.
DATE REC'D BY LOCAL REG. Nov 8/52	REGISTRAR'S SIGNATURE P J Bean MD	24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
NOV 12 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
LENGTH OF STAY (in this place) one (1) day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U.S. Naval Air Station Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.Va. COUNTY Randolph
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dailey
STREET ADDRESS (If rural, give location) Box 66

3. NAME OF DECEASED: (Type or Print) (First) Helena Brenda (Middle) Rose Diane (Last) Shears

4. DATE OF DEATH: (Month) November (Day) 16 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 11-15-52
9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR: Months / Days 1 IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Glen Gillespie Shears
14. MOTHER'S MAIDEN NAME: Helen Leanne Stalnaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: U.S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

762.0

Immediate cause (a) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 28 hrs.

DUE TO

Antecedent cause(s) (b) Extensive Atelectasis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Nov., 1952, to 16 Nov., 1952, that I last saw the deceased alive on 16 Nov., 1952, and that death occurred at 5:10 Am., from the causes and on the date stated above.

SIGNATURE Lyle F. Herrmann (DEGREE OR TITLE) ADDRESS Patuxent River, Md DATE SIGNED 11-17-52
Lyle F. Herrmann CDR MC USN

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11/18/52
NAME OF CEMETERY OR CREMATORY V.S. Naval Hospital
LOCATION (City, town, or county) (State) Bethesda, Md.

DATE REC'D BY LOCAL REG. 11-17-52
REGISTRAR'S SIGNATURE P J Kean, M.D.
24. FUNERAL DIRECTOR Father: Glenn G Shears ADDRESS Patuxent River

20X2-11443 Local Registrar

VS. A15—8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12912

CERTIFICATE OF DEATH

Reg. Dist. No. 28/1

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown, Md; LENGTH OF STAY in this place 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Wesley (Last) Somers

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out): Widowed

8. DATE OF BIRTH: June 28 1867

9. AGE last birthday: 85 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min. 4 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Somerset County - Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James Somers

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT: Robert F. Somers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Subdural Hemorrhage — Interval between onset and death: 2 days

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1952, to Nov 2, 1952, that I last saw the deceased alive on Nov 2, 1952, and that death occurred at 5.45 P m., from the causes and on the date stated above.

SIGNATURE P J Bean — (Degree or title) MD — ADDRESS Great Mills Md — DATE SIGNED Nov 4/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE Nov. 5, 1952 — NAME OF CEMETERY OR CREMATORY Trinity Church — LOCATION (City, town, or county) St. Mary's City — (State) Md

DATE REC'D BY LOCAL REG. Nov 4/52 — REGISTRAR'S SIGNATURE P J Bean MD — FUNERAL DIRECTOR Jos. C. Mattingley — ADDRESS Leonardtown, Md

RECEIVED
NOV 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12913

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Marys | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements
STREET ADDRESS (If rural give location) R.F.D. # 2

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Wood (Last) Thompson

4. DATE OF DEATH: (Month) Nov (Day) 10 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Dec 2 1874 | 9. AGE last birthday: 77 yrs. | IF UNDER 1 YEAR: Months — Days — | IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House wife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland St Marys | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henery Wood | 14. MOTHER'S MAIDEN NAME: Amada Thompson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) no | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Mrs Cole Cornsworth Bellaton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death 10 hrs

332X Immediate cause (a) Cerebral Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia, fractured hip

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Nov 9, 1952, that I last saw the deceased alive on Nov 9, 1952, and that death occurred at ——, from the causes and on the date stated above.

SIGNATURE (Degree or title) J Roy Smythe, M.D. | ADDRESS Mechanicsville, Md. | DATE SIGNED 11/10/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov 13-1952 | NAME OF CEMETERY OR CREMATORY St Joseph | LOCATION (City, town, or county) Morganza St Marys (State) Md

DATE REC'D BY LOCAL REGISTRAR 11/11/52 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Jos A Mattingley | ADDRESS Leonardtown Md

VS. A15

RECEIVED
NOV 13 1952
BUREAU V. S.